

H2

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE
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APPLICANT(S) *10/361132*

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
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66						
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

20/2

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/56/132

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101	3						151						
102	3						152						
103	3						153						
104	3						154						
105	3						155						
106	3						156						
107	3						157						
108	1						158						
109	1						159						
110	1						160						
111	1						161						
112	1						162						
113	2						163						
114	2						164						
115	1						165						
116	1						166						
117	2						167						
118	2						168						
119	2						169						
120	0						170						
121	0						171						
122	1						172						
123	1						173						
124	1						174						
125	1						175						
126	1						176						
127	1						177						
128	1						178						
129	1						179						
130	1						180						
131	1						181						
132	1						182						
133	1						183						
134	1						184						
135	1						185						
136							186						
137							187						
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145							195						
146							196						
147							197						
148							198						
149							199						
150							200						
TOTAL IND.	9		↓		↓				↓		↓		↓
TOTAL DEP.	49		←		←				←		←		←
TOTAL CLAIMS	56												